

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PA	7031	9/1/
O.I.P.E. CLASSIFIER		2	12/5/
FORMALITY REVIEW	JK	835	10/11/10
RESPONSE FORMALITY REVIEW	TMH	67477	12/1/10

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date			
Final	6	18	6	10 4 8
Original	14	3	5	1 7 25
0	0	02	b4	03 03
1	✓	✓	✓	✓✓✓
2	✓	✓	✓	✓✓✓
3	✓	✓	✓	✓✓✓
4	✓	✓	✓	✓✓✓
5	✓	✓	✓	✓✓✓
6	✓	✓	✓	✓✓✓
7	✓	✓	✓	✓✓✓
8	✓	✓	✓	✓✓✓
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18	✓	✓	✓	✓✓✓
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Claim	Date			
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If more than 150 claims or 10 actions  
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